



AETS
Anishinabek Employment
and Training Services

HEAD OFFICE:

Biigtigong Nishnaabeg
73 Pic River Road
P.O. Box 193
Pic River, ON
P0T 1R0

BRANCH OFFICE:

(Mailing Address)
285 Red River Road
Lower Level
Thunder Bay, ON
P7B 1A9
Tel: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

**Pre-Trades Heavy
Duty Equipment
Technician Training
Program
Application Checklist**

Application Deadlines: TBA

File # _____

Your complete application **must** include:

- AETS Client Information Form
- Pre-Trades Heavy Equipment Technician Training Application
- Consent to the Release of Information
- Request for Disclosure of EI Eligibility
- Cover Letter and Resume
- Skills Development Fund Registration
- High school diploma and or high school transcript verifying grade 10 math
- Status card (photocopy)

For more information about Anishinabek Employment and Training Services please contact our program coordinator:

Narcise Kakegabon SDF Program Coordinator
Email: narcise.kakegabon@aets.org
Tel: (807) 346-0307 ext. 217





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Pre-Trades Heavy Duty Equipment Technician Training

Complete the following application form. Please note all information collected in this application form will be kept confidential. Completed forms can be submitted to SDF Program Coordinator for review.

*Narcise Kakegabon, SDF Program Coordinator
Email: narcise.kakegabon@aets.org*

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Do you self-identify as an Aboriginal person? Yes No

Which First Nations community are you a member of? _____

Marital Status: _____ Number of Dependents: _____

What is your current source of income? _____

What is your highest level of education? _____

Do you have a driver's license? Yes No License Type: _____

Can you stand for long periods of time, carry and lift heavy materials? Yes No

Can you look at plans or blueprints and visualize how things come together? Yes No

Do you enjoy working with machinery and different kinds of tools? Yes No

Do you like to solve problems and suggest ways of fixing them? Yes No

Do you enjoy being physically active in an outdoor environment? Yes No

Can you work at heights or in confined spaces? Yes No

We would like to better understand why you are interested in the Pre-Trades Heavy Duty Equipment Technician (HDET) Program. Use the space below to explain why you are applying for this program. Questions you could consider are:

- What has led you to apply for the Mining Essentials Program?
 - Why are you interested in becoming a technician?
 - What do you hope to learn from this program?
 - How will this program improve your life?
 - How will you motivate yourself to participate and complete the program?
 - What goal(s) do you hope to achieve?
-

Your success in this program is very important to us. It is important that you respond honestly about any challenges that you may have so that we may help to facilitate supports to ensure your completion of the program. Please list any comments, questions, or concerns below. Please note all information collected in this application form will be kept confidential.

Housing:

Do you have suitable and stable accommodations within the City of Thunder Bay? Yes No
If you answered yes, how long have you lived at your current address? _____

Comments:

Transportation:

Do you have reliable transportation within the City of Thunder Bay for the duration of the course? Yes No
Do you have transportation to the City of Thunder Bay? Yes No

Comments:

Funding:

You may be eligible for a training allowance while in training.

Do you have any concerns in this area? Yes No

Comments:

Health & Accessibility:

Do you require additional supports because of health related issues? Yes No

Comments:

Learning/Language

Do you have any challenges that may require additional support? Yes No

Comments:

Personal Supports:

Do you have any concerns such as lack of support at home, challenges in the community etc.? Yes No

Comments:

Other:

Any other comments, questions, concerns or required supports (mental, physical, spiritual, emotional):

Comments:



PROTECTED WHEN COMPLETED

**285 Red River Road
Thunder Bay, ON
P7B 1A9**

CLIENT INFORMATION FORM

Social Insurance Number		Date of Birth (dd/mm/yyyy)	
Last Name	Middle Initial	First Name	
Mailing Address		Postal Code	
City/Town	Province	Home Phone	
Email		Cell Phone	
Indigenous Group <input type="checkbox"/> Registered Indian <input type="checkbox"/> Metis <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Inuit			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
Marital Status <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of dependent children <i>(living with you)</i>
Name of Band		Is childcare needed? <input type="checkbox"/> yes <input type="checkbox"/> No	
Living on Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you consider yourself to be a person with a disability? Specify. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibway <input type="checkbox"/> Other:			
Employed Status at intake <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			NOC CODE:
Education Level at intake <input type="checkbox"/> No formal education <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Up to Grade 7-8 <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Apprenticeship/Trades certificate or diploma <input type="checkbox"/> Grade 11 or 12 incomplete <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> University - bachelor's degree <input type="checkbox"/> University - Masters <input type="checkbox"/> University - Doctorate			
Trades (Including Heavy Equipment)		Level/Red Seal	Specialization
1			Years Experience
2			
CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			
Certification	level	Registrar	Expiry date
1			
2			
Are you ready, willing, and available for work/training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract			
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Working shiftwork? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hourly wage expectation? <input type="checkbox"/> Min-Wage <input type="checkbox"/> min wage - \$20 <input type="checkbox"/> Over 20\$			
Clean criminal record <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
Valid passport? <input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No			

Volunteer work

Computer/Technology Skills:

Microsoft Word
 Microsoft Excel
 PowerPoint
 Email/Internet Search
 Office Phone Systems
 GIS
 Other: _____

Physical Capabilities:

Sitting
 Standing
 Lift Over 50 lbs
 Walking
 Outdoor Work

Licenses (Class)	Number	Province	Expiry date
1			
2			

TRADITIONAL/CULTURAL SKILLS (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)

EMPLOYMENT HISTORY starting from most recent work experience, please list employment history:

Employer	Job Title	Dates	Reason for leaving
1			
2			
3			

SOURCE OF INCOME *at intake*

Employment Yes No
Ontario Works Recipient Yes No
Employment Insurance (EI) Benefits Yes No
 Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)
 None Other _____

Barriers to Employment - Check all that apply

None
 Education
 Other _____
 Remoteness
 Lack of Work Experience
 Physical Emotional or Mental Health
 Language
 Lack of Work Transportation
 Lack of Labor Force Attachment
 Economic
 Lack of Marketable Skills
 Dependent Care

Action Plan Start Date *today's date* | (dd/mm/yyyy) :

Under the Privacy Act the personal information collected on this form may be accessed by the participant.
 The information is kept on file at the AETS office.

Signature of Participant: _____ **Date** _____



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CONSENT TO THE RELEASE OF INFORMATION

As sponsoring agent, Anishinabek Employment and Training Services (AETS) may require the exchange of information in regard to intervention duration, attendance, academic performance, or the exchange of support information with trainers or other community partners.

I, _____ consent to the release of information between any representative of the Anishinabek Employment and Training Services and representatives of the following agencies, with respect to my educational, training or employment-related activities:

- First Nation Community: _____
- Ontario Works: Yes No
- Employment and Social Development Canada: Yes No
- Training Institution: _____
- Photo/image Release-I grant AETS the right to photograph, record, and use the product of these images or recordings of me for AETS promotional purposes. I am over 18 years of age: Yes No
- I consent to the disclosure and use of my personal information dealing with current or dormant Employment Insurance (EI) claims, for the purpose of establishing EI eligibility for EI supports and measures: Yes No

AETS will hold your information confidential between parties noted above, except in the following circumstances:

- If you give us permission to share information with others who can assist you
- We believe that you present a risk of harming yourself, or others (we are obligated to respond)
- We are required by law to release information.

Date: _____

Print Name: _____

Signature: _____

Witness: _____





Skills Development Fund (SDF) Participant Registration

Fields marked with an asterisk (*) are mandatory. Staff is available to help you complete this form.

Service Provider Use Only

Date of Registration

Participant Details

Last Name*

First Name*

Middle Initial

Preferred Name

Date of Birth*

I identify as:*

- Man Woman Transgender Gender non-binary Two-spirit

Another gender identity (Specify)

- Prefer not to say Do not know

Status in Canada: * Canadian Citizen Permanent Resident Naturalized Canadian Citizen

Protected Persons Prefer not to say

Other

If you have immigrated to Canada, please indicate:

Country of Origin

Date of Entry into Canada

Preferred Language: * English French

Preferred Communication: Phone Email Hard Copy

Marital Status: * Married Common Law Separated

Divorced Widowed

Single

Prefer not to say

Participant Address and Contact Information

Primary Mailing Address

Unit Number	Street Number*	Street Name*	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town*	Province*	Postal Code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Alternate Mailing Address

Unit Number	Street Number	Street Name	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Phone Number*

Home Mobile Other

Telephone Number

Alternate Phone Number

Home Mobile Other

Telephone Number

Email

Profile Information

Labour force attachment

- Employed
- Self-Employed
- Employed, but currently on a leave
- Unemployed
- Not employed and looking for work
- Not employed with an employment offer
- Not employed and not looking for work
- Not employed and unable to work
- Attending a school (elementary, high school or equivalent)
- Attending a university
- Attending a college
- Registered in an apprenticeship program
- In other training or skills development program
- Not sure
- Prefer not to say

Source of Income

- Employment Insurance (EI) *
- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Crown Ward Extended Care and Maintenance
- Dependent of OW/ODSP
- No income
- Employed with employer
- Self-Employed
- Non-EI (other)
- Other (Specify)

***Note for individuals who selected EI:** Your Social Insurance Number will be used by Canada to help monitor and assess the EI program and the Service Provider to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

Social Insurance Number*

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one option):

- | | | |
|--|---|--|
| <input type="checkbox"/> Newcomer | <input type="checkbox"/> Francophone | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Racialized Person | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Inuit | <input type="checkbox"/> Prefer not to say |

Education

Indicate your Highest Level of Education/Qualification:

- | | | |
|--|---|---|
| <input type="radio"/> Grade 0 - 8 | <input type="radio"/> OAC | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Grade 9 | <input type="radio"/> Certificate of Apprenticeship | <input type="radio"/> Post Graduate |
| <input type="radio"/> Grade 10 | <input type="radio"/> Journeyperson | <input type="radio"/> Other |
| <input type="radio"/> Grade 11 | <input type="radio"/> Certificate/Diploma | |
| <input type="radio"/> Grade 12 (or equivalent) | | |

Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

Work Experience

Employment Type: Paid Self-Employed Unpaid Volunteer

Name of Employer

Job Title/Duties

Employment Start Date

Employment End Date

Country of Employment

Preferred method of reporting wage: Hourly Weekly Bi-Weekly Monthly Yearly

Wage Amount (\$)*

Hourly wage (including tips and commissions) (\$)*

Average Paid Hours per Week (excluding overtime)*

Reason for Leaving

Service Provider Use Only NOC*

NAICS*

Additional Work Experience (if applicable)

Employment Type: Paid Self-Employed Unpaid Volunteer

Name of Employer

Job Title/Duties

Employment Start Date

Employment End Date

Country of Employment

Preferred method of reporting wage: Hourly Weekly Bi-Weekly Monthly Yearly

Wage Amount (\$)*

Hourly wage (including tips and commissions) (\$)*

Average Paid Hours per Week (excluding overtime)*

Reason for Leaving

Service Provider Use Only NOC*

NAICS*

Notice of Collection and Consent - Skills Development Fund Sole

Organizations delivering Skills Development Fund under an agreement with the Ministry of Labour, Training and Skills Development (the "Ministry") are required to make its records available to the Ministry for inspection, investigation or audit.

For those organizations in a Partnership Agreement with a lead organization, please note that the lead organization has an agreement with the Ministry. In accordance with the Partnership Agreement your information will be shared with the lead organization. The lead organization, in turn, will share your information with the Ministry. The partnership agreement requires that your organization make its records available to the lead organization. In turn, the lead organization will share your information with the Ministry for inspection, investigation, or audit, as appropriate and as necessary.

Your organization/the lead organization in the consortia is also required to report to the Ministry on:

- The service it tailors and provides you;
- Your employment progress and outcome; and
- Your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Skills Development Fund. Depending on the type of service or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer. The Ministry may use contractors and auditors to administer and finance Skills Development Fund.

Administration includes:

- Assessing the performance of your organization, its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your organization's compliance with its agreement with the ministry.
- Planning, evaluating and monitoring Skills Development Fund - this includes conducting surveys, and conducting policy and statistical analysis and research related to all aspects of Skills Development Fund. You may be contacted to request your voluntary participation in surveys.
- Promoting Skills Development Fund - you may be contacted to request your voluntary participation in public relations campaigns related to Skills Development Fund.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will provide your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients within employment support programs under the Ontario Works Act, 1997, and the Ontario Disability Support Program Act, 1997.

Skills Development Fund is funded by the Ministry, in part with funds provided by Canada under Part II of the Employment Insurance Act. When funds are provided by Canada, the ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the Employment Insurance Act.

Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect social insurance numbers from EI beneficiaries to request approval to continue to receive regular EI benefits in order to take part in training programs and other employment activities.

The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the Employment Insurance Act, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations, SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the s.71 of the Ontario Works Act, 1997, and s.53 of the Ontario Disability Support Program Act, 1997.

For more information about the collection and use of your personal information to administer and finance Skills Development Fund, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

Signatures

- I/we acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date

- I/we give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name*	Date*
Parent's/Guardian's Name (if participant is under 18)	Date